

www.mass.gov/abcc

LICENSE NU	MBER: 048200003		CITY OR TOWN	HADLEI
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
DOING BUSI	NESS A	NS CLUB OF HADLEY I	NCORPORATED	
ADDRESS 13	8 EAST ST.			
CITY/TOWN:	: HADLEY	STATE: MA	ZIP CODE:	01035
MANAGER:	SZAWLOWSKI, SHERI	TYPE OF LICENSE: Clu	b C	CATEGORY: All Alcohol
EMAIL ADDI		OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
TOGETHER V SIDE. OPEN S	WITH BASEMENT S' SIDED ROOFED PAV	3 ROOMS ON FIRST FI TORAGE ; 3 ENTRANCI VILLION REAR OF BLD ORIGINAL STUCTURE	ES/EXITS FRONT	AND ONE ON EAST
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises nov	w licensed;
2. the	licensee has complied	with all laws of the Comm	nonwealth relating	to taxes; and
3. the	premises are now open	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	ER IDENTIFICATION NUMBER:
			(Note: NOT In	ndividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head	of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Bel			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiaiii)			
DATE:			-	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	048200007		CITY OR IC	JWN HADLET	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	KCL CORPORATI	ION			
DOING BUSINESS A	BUTTERFLY				
ADDRESS 48 RUSSE	ELL ST.				
CITY/TOWN: HAD	LEY	STATE: MA	ZIP COD	DE: 01035	
MANAGER: LAU,	KAM C. TYP	PE OF LICENSE: Re	estaurant	CATEGORY:	: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
ONE FLOOR, 2 ROO ;ENT/ EXIT ON WES					STORAGE
I hereby certify and sw					
1. the renewe	d license will be of	the same type for the	e same premise	s now licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth rela	ating to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY	Individual Dartner	or Authorized Corp	orota Officar		
	marviduai, Farmei	of Authorized Corp	orate Officer		
DATE:	TELEDHON	E NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER
	IELEFHON	E NUMBER.		OT Individual Social	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the hea	d of the fire d	epartment for th	e above
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

	C	CITY OR TOWN HADLEY	(
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MMAAB, INC			
DOING BUSINESS A CARMELINAS			
ADDRESS 96 RUSSELL ST.			
CITY/TOWN: HADLEY S	TATE: MA	ZIP CODE: 01035	
MANAGER: BARRAZA, TYPE OF MARTIN A.	F LICENSE: Resta	urant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLR CONSISTING OF DINING AREA FACILITIES OFF THE FOYER; ADDITIONAL BASEMENT AREA			Y AND
I hereby certify and swear under penalties of pe	rjury that:		
1. the renewed license will be of the sa	• 1		
2. the licensee has complied with all la		•	l
3. the premises are now open for busin	ess (If not explair	below)	
SIGNED BY Individual, Partner or Au	uthorized Corpora	te Officer	
	uthorized Corpora	te Officer	
	uthorized Corpora	te Officer	
Individual, Partner or Au		te Officer  EMPLOYER IDENTIFICA	ATION NUMBER:
Individual, Partner or Au			
Individual, Partner or Au	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICA (Note: NOT Individual Social certificate required by Chap of the fire department for the	oter 304 of the above
DATE: TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.  Please Check Below:	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICA (Note: NOT Individual Social certificate required by Chap of the fire department for the	oter 304 of the ne above 16 of the Acts
DATE: TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.  Please Check Below: APPROVED:	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social certificate required by Chapter 1) of the fire department for the new required by Chapter 1).	oter 304 of the ne above 16 of the Acts
DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social sertificate required by Chapter 1: 1 the fire department for the nce required by Chapter 1: 1 LOCAL LICENSING AUTO	oter 304 of the ne above 16 of the Acts
DATE: TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.  Please Check Below: APPROVED:	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social sertificate required by Chapter 1: 1 the fire department for the nce required by Chapter 1: 1 LOCAL LICENSING AUTO	oter 304 of the ne above 16 of the Acts
DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	MBER: ossession (1) the corrand the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social sertificate required by Chapter 1: 1 the fire department for the nce required by Chapter 1: 1 LOCAL LICENSING AUTO	oter 304 of the ne above 16 of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 048200011		CITY OR TO	OWN HADLEY	
APPLICATIO	N FOR RENEWAL	.: Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE N	AME: OLD HADI	LEY POST #271 AMERIC	AN LEGION, I	NC.	
DOING BUSI	NESS A				
ADDRESS 16	22 RUSSELL ST.				
CITY/TOWN:	: HADLEY	STATE: MA	ZIP COD	E: 01035	
MANAGER:	WITKOS, RICHARD	TYPE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED F				
2 STORE RO		OOMS ON FIRST FLOOI NT PART OF BUILDING. BLDG			
I hereby certify	y and swear under p	enalties of perjury that:			
1. the	renewed license wil	ll be of the same type for th	ne same premises	s now licensed;	
2. the	licensee has compli	ed with all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the	premises are now o	pen for business (If not exp	olain below)		
SIGNED BY		Partner or Authorized Corp	porate Officer		
DATE:	TELE	EPHONE NUMBER:		OYER IDENTIFICAT	
			(Note: <u>N</u>	<b><u>OT</u></b> Individual Social S	Security Number)
Acts of 2004,	signed by the build	we are in possession (1) t ling inspector and the hea icate of liquor liability ins	ad of the fire de	epartment for the	above
Please Check Bel	ow:		LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	u expiain)				
			-		
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 048200022		CITY OR TOWN	HADLEY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WHOLE FOODS M	ARKET GROUP,	INC	
DOING BUSINESS	A WHOLE FOODS	MARKET		
ADDRESS RUSSEI	LL ST			
CITY/TOWN: HA	DLEY	STATE: MA	ZIP CODE:	01035
MANAGER: GRA	AHAM, DAVID TYPI	E OF LICENSE: Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE		EMAIL ADDRESS	
	LICENSED PREMISI			
	VITH 5 EXITS TO RE NTRANCE ON FRON			
I hereby certify and	swear under penalties o	of perjury that:		
1. the renew	ved license will be of the	ne same type for the	e same premises now	licensed;
	ee has complied with a		_	taxes; and
3. the premi	ses are now open for b	ousiness (If not exp	lain below)	
SIGNED BY	Individual, Partner of	or Authorized Corn	orate Officer	
	marviduai, i artifer	n namonzea corp	orate officer	
DATE:	TELEPHONE	NIIMDED.	EMPLOYER	IDENTIFICATION NUMBER:
	TELETHONE	ANOMBEK.	(Note: NOT Ind	ividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	ain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	048200024		CITY OR TOV	VN HADLET	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		Inc SONS WINE & LIQUO	R STORE		
ADDRESS 333 RUSS	SELL ST				
CITY/TOWN: HAD	LEY	STATE: MA	ZIP CODE	: 01035	
MANAGER: BARR	Y, SEAN	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
2 FLOORS, 3 ROOM ENTRANCE IN CEL		FLOOR, 3 ROOMS ON D TO DRIVEWAY	SECOND FLOOF	R, DELIVERY	
	es are now ope	with all laws of the Conn for business (If not export or Authorized Corporation)	olain below)	ng to taxes; and	
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICI	ENSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:048200026		CITY OR TOWN	HADLEY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LFFHA, INC.			
DOING BUSINESS	A			
ADDRESS RUSSEL	L ST., CAMPUS PI	_AZA		
CITY/TOWN: HAI	DLEY	STATE: MA	ZIP CODE:	01035
	RISON, TYI REW P.	PE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
12662 SQ FT FACIL AND ONE EXIT IN				VITH ONE ENTRY
2. the license	ee has complied with	the same type for the n all laws of the Comi business (If not expl	nonwealth relating to	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE				
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	in)		-	
DATE:				



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LICENSE NU.	MBEK: 048200036		CITY OR TOW	N HADLET	
APPLICATIO	N FOR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA DOING BUSI	AME: TOP OF THE NESS A	CAMPUS, INC			
ADDRESS 82	2 CAMPUS CENTER				
CITY/TOWN:	HADLEY	STATE: MA	ZIP CODE:	01003	
MANAGER:	NEWTON, BRENDA RYAN	TYPE OF LICENSE: Ge	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
		EMISES: MULTI PURPOSE ROO	MS AND GROU	ND LEVEL GF	REEN
	premises are now oper	with all laws of the Com n for business (If not expl	ain below)	g to taxes; and	
DATE:	TELEPH	HONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability insu	d of the fire depa	artment for the	above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048200039	•	CITY OR TOWN	HADLEY	
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS		3	YEAR
LICENSEE NAME: Pepper Dining, Inc DOING BUSINESS A CHILI'S GRILL A				
ADDRESS ROUTE 9				
CITY/TOWN: HADLEY	STATE: MA	ZIP CODE:	01035	
MANAGER: Simpson, Kelley TYF	PE OF LICENSE: Rest	aurant CA'	TEGORY:	All Alcohol
EMAIL ADDRESS:				
	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS SIT DOWN RESTAURANT OCCUPYIN LOUNGE WITH BAR, (1) KITCHEN AN RESTROOMS.	NG 5300 SQ.FT. IT C			1 1 1 1
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	• •			
2. the licensee has complied with		_	taxes; and	
3. the premises are now open for	business (If not explai	n below)		
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		ON NUMBER: curity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departm	ent for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		By:	NG AUTHO	PRITY
DATE:				



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LICENSE NUMBE	2K: 048200040		CITY OR TOW	N HADLE I	
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: APPLE NEW EN	NGLAND LLC			
DOING BUSINES	S A				
ADDRESS 100 WI	ESTGATE CENTER	R DRIVE			
CITY/TOWN: HA	ADLEY	STATE: MA	ZIP CODE:	01035	
	ZMIUK, T NALD	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:	_			
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
<ol> <li>the rene</li> <li>the licer</li> </ol>	nsee has complied wi	ies of perjury that: of the same type for the ith all laws of the Coror business (If not experience)	nmonwealth relatin		
SIGNED BY	Individual, Partn	ner or Authorized Cor	porate Officer		
DATE:	TELEPHC	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, sign	ed by the building i	re in possession (1) inspector and the he of liquor liability in	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] Dlain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 048200043		CITY OR TOWN HADLEY
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: Russell Hospi	tality LLC	
DOING BUSIN	NESS A Courtyard by	y Marriott	
ADDRESS 423	RUSSELL STREE	Γ	
CITY/TOWN:	HADLEY	STATE: MA	ZIP CODE: 01036
MANAGER:	SHUMWAY, J. CURTIS	TYPE OF LICENSE: Innh	holder CATEGORY: All Alcohol
EMAIL ADDR	RESS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
-	N OF LICENSED PR		
WITH INDOO		SQUARE FOOT BUILDIN	NG CONSI STING OF 3 STORIES
3. the j		n for business (If not expla	
DATE.			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildin	ng inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENSING AUTHORITY By:
(If disapproved	explain)		
DATE:			



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LICENSE NU	MBER: 048200046		CITY OR TOWN HADLEY	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
	AME: TC LLC NESS A RT. 9 DINE	ER		
ADDRESS 45	8 RUSSELL ST			
CITY/TOWN:	HADLEY	STATE: MA	ZIP CODE: 01035	
MANAGER:	KARABETSOS, CHRIS	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	N OF LICENSED PE DINER WITH SEATI			
	THE WITH SEAT			
3. the SIGNED BY		en for business (If not explanation of the control		
DATE:	TELEI	DUONE NUMBER.	EMPLOYER IDENTIFICAT	TION NUMBER:
211121	IELER	PHONE NUMBER:	(Note: NOT Individual Social S	
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 116	above
Please Check Bel			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
· · · · · · · · · · · · · · · · · · ·	r · · /			
DATE:				



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LICENSE NUMBER: 048200048		CITY OR TOWN HADLE	EY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: Zoe's Fish H DOING BUSINESS A ADDRESS 00195A RUSSELL ST			
CITY/TOWN: HADLEY	STATE: MA	ZIP CODE: 01035	
MANAGER: Sands, James	TYPE OF LICENSE: Res	caurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT  DESCRIPTION OF LICENSED PL	T OUR WEBSITE AND ENTER YOUR EM REMISES:	AIL ADDRESS	
2. the licensee has complie	enalties of perjury that:  I be of the same type for the sed with all laws of the Common pen for business (If not explant	onwealth relating to taxes; a	
Individual, I	Partner or Authorized Corpor	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	of the fire department for	the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AU  By:	THORITY
DATE:			



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LICENSE NUMBE	ER: 048200049		CITY OR TOWN HADLEY	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	S A ESSELON CAP	EE ROASTING CO.,1 É	INC.	
CITY/TOWN: HA		STATE: MA	ZIP CODE: 01035	
MANAGER: KR	AUSE, MARK J. TY	YPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	F LICENSED PREM			
SINGLE STORY 2 SAME LEVEL	2,000 SQ. FT. BLDG	.AT 99 RUSSELL ST	REET,WITH A FENCED IN PA	ATIO ON
I hereby certify and	swear under penaltie	es of perjury that:		
2. the licen	see has complied wit	* *	same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ed by the building in	nspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	Ll lain)			
· · · · · · · · · · · · · · · · · · ·	· ,			
DATE:				
DAIL.				



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LICENSE NU	MBER: 048200050		CITY OR TOWN	HADLEY
APPLICATIO	N FOR RENEWAL:	: Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: Mi Terra Co	orp		
DOING BUSI	NESS A Mi Terra R	Restaurant		
ADDRESS 20	6 Russell St			
CITY/TOWN:	HADLEY	STATE: MA	ZIP CODE:	01035
MANAGER:	Saravia, Dora D	TYPE OF LICENSE:R	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
		T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P			
ground floor o locked storage		sq ft of floor space with 2	front entrances, exits	., 2 rear exits and
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	l be of the same type for the	ne same premises nov	v licensed;
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating	to taxes; and
3. the	premises are now or	pen for business (If not exp	plain below)	
SIGNED BY	Individual I	Partner or Authorized Cor	norate Officer	
	iidi viddui, i	artifici of Hatflorized Cor	portite Officer	
DATE:	TELE	PHONE NUMBER:	EMPL OYE	R IDENTIFICATION NUMBER:
	TELE	FHONE NUMBER.		dividual Social Security Number)
<b>XX</b> 41 1		(1)	J 400 4 .	11 Cl 4 204 64
		we are in possession (1) t ling inspector and the he		red by Chapter 304 of the tment for the above
				Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI			•	
(If disapproved	d explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 048200051		CITY OR TOWN	HADLEY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: AZPCO of Hadley, Inc				
DOING BUSINESS A Arizona Pizza Compa	ny			
ADDRESS 367 RUSSELL STREET				
CITY/TOWN: HADLEY	STATE: MA	ZIP CODE:	01035	
MANAGER: Trask, Robert W TYPE O	F LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF LICENSED PREMISES:				
I hereby certify and swear under penalties of p	erjury that:			
1. the renewed license will be of the s	ame type for the	same premises now	licensed;	
2. the licensee has complied with all l	aws of the Com	nonwealth relating to	taxes; and	
3. the premises are now open for busing	ness (If not expl	ain below)		
SIGNED BY				
Individual, Partner or A	authorized Corp	orate Officer		
DATE: TELEPHONE N	UMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are in p	ossession (1) th	e certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building inspect				
named license and (2) the certificate of liqu of 2010.	or hability insu	rance required by	Cnapter 116	of the Acts
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:	INO AO III	JKIT I
DISAPPROVED:		<b>3</b> *		
(If disapproved explain)				
D.4705				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LICENS	SEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	jA)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J48200053		C	I Y OK TOV	VIN HADLE I	
APPLICATION FOR I	RENEWAL:	Annua	.1	LIC	ENSED FOR 2	2013
		CLAS	S			YEAR
LICENSEE NAME: 1 DOING BUSINESS A						
ADDRESS 103 RUSS	ELL ST					
CITY/TOWN: HADL	EY	STATE:	MA	ZIP CODE	: 01035	
MANAGER: ALVAI	RADO,FRED TYPE (	OF LICENS	E:Packa	ge Store	CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF LI 1400 SQ. FT. FRONT SIDE EMERGENCY I I hereby certify and swe	WITH 10' X 10' STO DOOR AND BACK D	: RAGE REA OOR LEAI	R ROON	1. THREE EX		DOOR
1. the renewed	license will be of the	same type f	or the sai	ne premises r	now licensed;	
2. the licensee	has complied with all	laws of the	Commor	wealth relatii	ng to taxes; and	
3. the premises	s are now open for bus	siness (If no	t explain	below)		
SIGNED BY	Individual, Partner or	Authorized	Corporat	e Officer		
DATE:	TELEPHONE N	IUMBER:			YER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LICE By:	ENSING AUTH	IORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	048200054		CITY	OR TOW	N HADLEY	
APPLICATION FOR	RENEWAL:	Annual		LICI	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	HYUN JIN ENTERF	PRISE CORPO	RATION			
DOING BUSINESS A	GOHYANG KORE	EAN RESTAU	RANT			
ADDRESS 111 RUSS	ELL STREET					
CITY/TOWN: HADI	ÆY	STATE: N	IA ZII	P CODE:	01035	
MANAGER: YI, DA	VID, K. TYPE	OF LICENSE	Restaurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	UR EMAIL ADDE	RESS		_
DESCRIPTION OF LI						
PREMISE AT 111 RU DINING ROOM AND OCCUPANCY NOT T	3 SMALLER DINI					F MAIN
I hereby certify and sw	ear under penalties o	f perjury that:				
1. the renewed	d license will be of the	e same type for	the same pi	remises no	ow licensed;	
	has complied with a				g to taxes; and	
3. the premise	s are now open for bu	usiness (If not e	explain below	w)		
SIGNED BY	Individual, Partner o	r Authorized C	orporate Of	ficer		
DATE:	TELEPHONE	NUMBER:		EMPLOY	YER IDENTIFICAT	TION NUMBER:
			(1)	Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building insp	ector and the l	nead of the	fire depa	rtment for the	above
Please Check Below:			LOC	AL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	_					
(If disapproved explain	1)					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	048200055		CITY	OR TOWN	HADLEI	
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SEVEN SISTERS	MARKET BIST	RO, INC			
DOING BUSINESS A	SEVEN SISTER	S MARKET BIS	TRO			
ADDRESS 270 RUSS	EL STREET					
CITY/TOWN: HAD	LEY	STATE: N	MA Z	IP CODE:	01035	
MANAGER: CIAG	LO, PAUL J. TY	PE OF LICENSE	E:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADD	ORESS		_
DESCRIPTION OF L						
5,500 SQ.FT. CAFÉ/E THE PREMISE	BISTRO WITH OU	TDOOR SEATI	NG ON TH	E NORTHE	AST PORTIO	ON OF
I hereby certify and sw	ear under penalties	s of perjury that:				
1. the renewed	d license will be of	the same type for	r the same p	premises now	licensed;	
2. the licenses	e has complied with	all laws of the C	Commonwea	alth relating t	to taxes; and	
3. the premise	es are now open for	business (If not	explain belo	ow)		
SIGNED BY	Individual, Partner	r or Authorized C	Corporate O	fficer		
		01114411011200	501 p 01 <b></b> 0			
DATE:	TELEDHON	IE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEFHON	E NUMBER.	(			ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the	e fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)					<del></del>
DATE:						
DATE.						